

## Community Pathways Waiver – **Current Services**

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL ASSESSMENT**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☐ Service is included in approved waiver. The service specifications have been modified.

☒ Service is not included in the approved waiver.

### **Service Definition:**

- A. An environmental assessment is an on-site assessment of the participant's primary residence to determine if environmental adaptations/modifications or assistive devices/equipment may be necessary.
- B. Included in the environmental assessment, as necessary, may be an evaluation of the presence and likely progression of a disability or a chronic illness or condition in a participant; environmental factors in the home; the participant's ability to perform activities of daily living; the participant's strength, range of motion, and endurance; the participant's need for assistive devices and equipment; and the participant's, family's, or service provider's knowledge of health and safety.
- C. The assessment may be recommended by the participant's team in the Individual Plan when an environmental assessment is considered necessary to ensure the health, safety, and access to home of a participant with special environmental needs and obtain additional professional advice from an occupational therapist about the physical structure of a participant's home or residence and functional or mental limitations or disabilities of a participant as they relate to the environment.
- D. Environmental Assessment Service Report is the documents findings and recommendations based on an onsite environmental assessment of a home or residence (where the participant lives or will live as a participant) and interviews with the participant, family, direct care staff, and delegating nurse/nurse monitor (if applicable).

The report shall:

1. Detail the environmental assessment process, findings, and specify recommendations for the home modification, durable medical equipment, assistive devices, and technology that may be needed by the participant.
2. Be typed; and
3. Be completed within 14 days of the completed assessment and forwarded to the participant's resource coordinator.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

- A. Environment assessment is capped at current fiscal year established rate and is limited to one assessment annually unless otherwise approved by the DDA.
- B. The service must be rendered by a licensed occupational therapist.
- C. To be covered as a waiver service, Medicaid, Medicare, other third party health insurance under fee-for service or managed care, or DORS must not otherwise cover the environmental assessment.
- D. If Medicare covers the environmental assessment for the waiver participant, Medicaid will pay the Medicare co-payments or deductible.
- E. An environmental assessment may not be provided before the effective date of the participant's eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.
- F. Assessment may not duplicate any service that is available through private insurance, Medicare, the Medicaid State Plan, or under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).
- G. Payment for services is based on compliance with billing protocols and a completed environmental assessment service report.
- H. Organized Health Care Provider's administrative fee for providing the service shall not exceed 15% of the total cost of the service provided unless otherwise authorized by the DDA.

**Service Delivery Method (check each that applies)**

☐ Participant Directed as specified in Appendix E

☒ Provider Managed

**Specify whether the service may be provided by (check all that applies):**

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20
Agency	Individual – For Self-Directed Services

### **Provider Specifications for Services**

**Provider Category:** Agency

**Provider Type:** DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

### **Provider Qualifications License (specify):**

#### **License (specify):**

Any one of the following licensed providers:

1. Family and Individual Support Services as per COMAR 10.22.02 and 10.22.06
2. Residential Service Provider for Alternative Living Arrangements, Group Homes, Community Supported Living Arrangement, or Individual Family Care as per COMAR 10.22.02 and 10.22.08
3. Day or Vocational Services as per COMAR 10.22.02 and 10.22.07
4. Behavioral Support Services

Employed or contracted staff must be licensed by the Maryland Board of Occupational Therapy

### **Certificate (specify):**

DDA certified Organized Health Care Delivery Providers per COMAR 10.22.02 and 10.22.20

### **Other Standard (specify):**

DORS approved vendor or DDA certification

### **Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- OHCQ for DDA license
- DDA for OHCDS certification
- DORS for approved DORS vendors

**Frequency of Verification:**

- Annual for DDA license
- Initial for OHCDS certification
- Initial and ongoing for DORS vendors

<b>Provider Category:</b> Individual
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**Provider Type:** Individual - For self-directing services

**Provider Qualifications License (specify):**

Licensed by the Maryland Board of Occupational Therapy as a licensed Occupational therapist in Maryland

**Certificate (specify):****Other Standard (specify):****Verification of Provider Qualifications****Entity Responsible for Verification:**

- Fiscal Management Services (FMS)

**Frequency of Verification:**

- FMS - prior to initial services